

## PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/17/2007

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L4-5 percutaneous discectomy

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer received his medical doctorate from the University of Tennessee, at Memphis. He did his internship and residency in the field of Orthopaedics at Emory University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and the American Medical Association.

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |                                               |                                  |
|-----------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

L4-5 percutaneous discectomy Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Review organization dated 6/28/2007
2. Request for a review dated 6/20/2007
3. Clinical note by MD dated 06/07/2007
4. Review summary by MD dated 6/07/2007
5. Clinical note by DO dated 06/13/2007
6. Review summary by DO dated 6/13/2007
7. Case assignment dated 6/27/2007

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a male worker who sustained a low back injury while lifting. A MRI revealed disc bulging at L4-5 and the injured worker suffers from associated radiculopathy. The injured worker has undergone therapy and injections without relief. A L4-5 percutaneous discectomy has been recommended.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The injured worker has chronic low back and leg pain which has failed NSAIDs, activity modification, physical therapy, and steroid injections. The pain is referenced to a symptomatic lumbar disc at the L4-L5 level. The provider is requesting a percutaneous lumbar discectomy. Percutaneous procedures were developed to limit morbidity associated with lumbar procedures. There has been no evidence based studies demonstrating superior results to conventional discectomy. A recent review article questioned the efficacy of these procedures based on limited literature support. Recently, these procedures have been largely abandoned due to the safety of microdiscectomy with limited morbidity. Therefore, the percutaneous procedures would be considered investigational and would not be

Name: Patient\_Name

medically necessary or indicated for the operative treatment of lumbar disc disease. The original determination to deny the procedure is upheld. The guidelines are consistent with the current evidence based literature.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**X** ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

**X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Hallett H. Mathews and Brenda H. Long. Minimally Invasive Techniques for the Treatment of Intervertebral Disk Herniation, J. Am. Acad. Ortho. Surg., March/April 2002; 10: 80 - 85.

AMR Tracking Num: